

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 194  
County Registrar No. 238  
Local Registrar No. 238

PLACE OF BIRTH  
1. County of Maricopa  
District of Phoenix  
Town of Mesa  
or  
City of Mesa

2. Full name of child Augustine Almaraz  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

3. Sex of Child Male  
To be answered ONLY in event of plural births.  
4. Twin, triplet or other no  
5. No., in order of birth 1  
6. Legitimate? yes  
7. Date of birth August 28  
Month Day Year

8. FATHER  
Full name Florentino Almaraz

9. Residence  
(Usual place of abode) Kennedy Drive #504  
If non-resident, give place and state.

10. Color or race Mexican  
11. Age at last birthday 29 (Years)

12. Birthplace (city or place) San Mateo  
(State or country) Mexico

13. Occupation  
Nature of industry Miner

14. MOTHER  
Full maiden name Ladislada Casaneda

15. Residence  
(Usual place of abode) Kennedy Drive #504  
If non-resident, give place and state.

16. Color or race Mexican  
17. Age at last birthday 26 (Years)

18. Birthplace (city or place) Sierra Mojada  
(State or country) Mexico

19. Occupation  
Nature of industry House Wife

20. Number of children of this mother  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 3  
(b) Born alive but now dead 0  
(c) Stillborn 0  
21. Were precautions taken against ophthalmia neonatorum? yes

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 9 P.M. on the date above stated  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature Rita Cortez  
Address Salvador St. U.S.  
(Physician or midwife.)

Given name added from a supplemental report C.E. Iron  
Month, day, year Sept 5, 1925  
Local Registrar.

Registrar \_\_\_\_\_ Filed \_\_\_\_\_ 19\_\_\_\_  
County Registrar.

119-828-331